Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2006				Complete if Known					
				Application	Application Number		10/088,282		
				Filing Date		July 22, 2002			
				First Named Inventor		Guy Krippner			
				Examiner Name		V. Balasubramanian O I P			
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)455						1624 150070.402USPC			
	Attorney Do	ocket No.	130070.402	103mC	FEB 0 2 2006				
METHOD OF TATMETER (CHECK an Ind. appry)									
Check Credit Card Money Order Other (please identify): Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments									
of fee(s) under 37 CFR 1.16 and 1.17									
Warning : Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES SEA			H FEES		NATION EES			
	Small Entity			Small Entity		Small Entity	Entity		
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fe</u>	es Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM	FEES						_	Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent cl		(4)		360	180				
Total Claims						Dependent Claims			
29 -33 or HP	≖	X _	=		•	<u>Fee (\$)</u>	<u>t</u>	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20									
Indep. Claims									
2 -3 or HP	<u>-</u>	X _	=		•				
HP = highest number	-	ent claims paid t	or, ir greater	tnan 3					
3. APPLICATION S		wasad 100 shaa	ta af nanar (ovoludina oloa	strániaally fil	od coguence	or comn	utor lictings	
If the specification at under 37 CFR 1.52(of thereof. See 35 U.S	e)) the applica	ition size fee due	e is \$250 (\$1						
Total Sheets	Extra She	•	• •	dditional 50	or fraction	thereof Fe	e (\$)	Fee Paid (\$)	
-100 =		/50 =		to a whole n		x			
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): RCE Fee								395	
One month of extension								<u>60</u>	
SUBMITTED BY									
Signature				stration No.	33,507	Telephone	206-62	22-4900	
Name (Print/Type)				rney/Agent)		Date		any 2, 2006	